

216020626
99380

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 5

3	Total Number of Vehicles	Local No./ District 162	Agency Case No. B6-044050	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		(In Military Time) TIME OF ACCIDENT 0752	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0754	05/21/2016					
B	60	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. S.14th	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION						
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
		20.00		X		Center Park Rd.				
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
VEHICLE NO. 1										
F	1	DRIVER LICENSE NO.	H13353858		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/N	1	DRIVER	SETH P SCHAFERSMAN		PHONE (402)618-9995	LOCAL NO.				
V2/N	1	DRIVER ADDRESS	235 S.11 #413, Lincoln, NE 68508		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 07/26/1993				
G	4	OWNER	MARK SCHAFERSMAN		PHONE (402)317-0956	LOCAL NO.				
		OWNER ADDRESS	211 N CEDAR, PO BOX 187, HOOPER, NE 68031		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO LB509114				
H	2	LICENSE PLATE PA NO.	5A9731		YEAR (Plate Expires) 2016	STATE (Of Plate) NE				
V1/O	4	VEHICLE	2003	Toyota	Camry	4 door Sedan				
V2/O	2	VEHICLE ID NO. (VIN)	4T1BE32K83U663917		COLOR gray	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$				
		TOWED TO	Beeman Automotive		TOWED BY Capital Towing	INSURANCE COMPANY State Farm				
				POLICY NO. 051 6879-F25 27B						
VEHICLE NO. 2										
I	1	DRIVER LICENSE NO.	H12900780		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/P	1	DRIVER	GRAHM E GRENAMEIER		PHONE (402)770-7269	LOCAL NO.				
V2/P	1	DRIVER ADDRESS	6001 VAN DORN ST, LINCOLN, NE 68506		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 01/27/1987				
J	01	OWNER	GRAHM E GRENAMEIER		PHONE (402)770-7269	LOCAL NO.				
		OWNER ADDRESS	6001 VanDorn St., Lincoln, NE 68506		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO				
V1/Q	1	LICENSE PLATE PA NO.	TGI524		YEAR (Plate Expires) 2017	STATE (Of Plate) NE				
V2/Q	4	VEHICLE	2004	Jeep	Wrangler	Medium/large				
K	01	VEHICLE ID NO. (VIN)	1J4FA69S14P777924		COLOR brown	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2000				
		TOWED TO			TOWED BY	INSURANCE COMPANY GEICO				
				POLICY NO. 4337638334						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
1	SETH P SCHAFERSMAN	235 S.11th, Lincoln, NE 68508		07/26/1993	01	1	03	4	1	M
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
2	GRAHM E GRENAMEIER	6001 Vandorn, Lincoln, NE 68506		01/27/1987	01	1	03	4	1	M
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
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THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044050



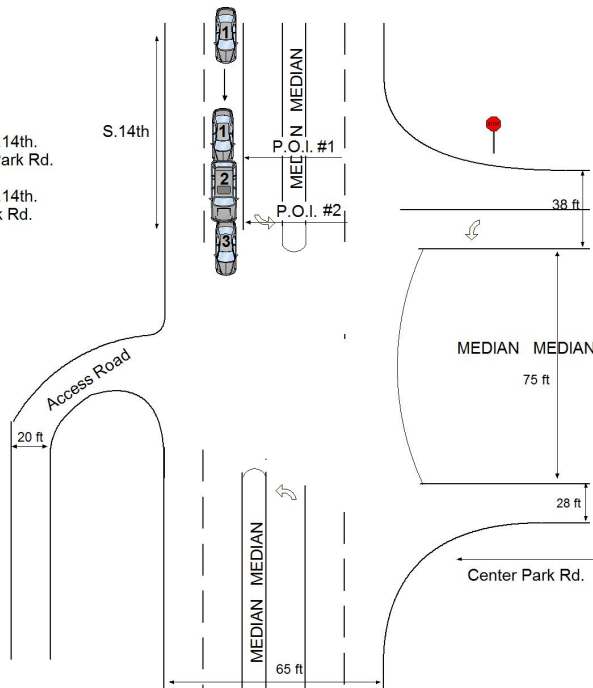
Indicate
North
by Arrow



Not To Scale

APOI#1= 14 ft E of W of S.14th.
Even with N curb of Center Park Rd.

APOI#2= 14 ft E of W of S.14th.
15 ft S of N of Center Park Rd.



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle 1 southbound on S.14th in the inside lane was in collision with Vehicle 2 that had to stop suddenly in the inside lane, and Vehicle 2 was then pushed forward into the rear of Vehicle 3. The driver of V1 said he was going approx. 40 mph and was approx. 2 vehicle lengths behind V2 when V2 suddenly began stopping. D1 said he braked and attempted to swerve and struck the rear of V2. The driver of V2 said he was going approx. 40 mph and was approx. 2 vehicle lengths behind V3 when V3 suddenly began stopping. D2 said he braked and was just about stopped behind V3 when V1 struck him from behind and pushed him into the rear of V3. The driver of V3 said he was going approx. 40 mph and was approx. 2 vehicle lengths behind the vehicle in front of him when the vehicle in front of him suddenly began stopping. D3 said he was able to stop and was then struck from behind by V2. Two vehicles in front of V3 were also involved in an accident (B6-044055). ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																																															
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																																																						
1		X			S.14th				4		2		<table border="1"> <tr> <td>ALCOHOL TESTING</td> <td>Driver No. 1</td> <td>Driver No. 2</td> <td>Pedestrian</td> </tr> <tr> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> <tr> <td>BAC LEVEL</td> <td></td> <td></td> <td></td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		Y	Y	Y	ALCOHOL LEVEL TESTED	N	X	N	BAC LEVEL																																																
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OFFICER NO. 1118				TROOP/ TEAM/ BEAT NE				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																															
INVESTIGATOR NAME (Print or Type) Joseph Yindrick				INVESTIGATOR SIGNATURE Approved by Joseph Yindrick				DATE OF REPORT 05/21/2016																																																																			

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-044050

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
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OFFICER NO. 1118		TROOP/ TEAM/ BEAT NE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Joseph Yindrick			INVESTIGATOR SIGNATURE Approved by Joseph Yindrick		DATE OF REPORT 05/21/2016

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99380

State of Nebraska			
Investigator's Motor Vehicle Accident Description Continuation Report Sheet <u>5</u> of <u>5</u>			
Local No./ District 162		Agency Case No. B6-044050	
DATE OF ACCIDENT (MM / DD / YYYY) 05/20/2016		PLACE OF ACCIDENT COUNTY Lancaster	STATE USE ONLY
		CITY Lincoln	
ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO. S.14th	

The five drivers from both accidents reported that an unknown vehicle going west on Center Park Rd. had turned left onto S.14th in front of oncoming vehicles causing those vehicles to have to brake suddenly. The turning vehicle left the scene.

OFFICER NO. 1118	TROOP/ TEAM/ BEAT NE	DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Joseph Yindrick		INVESTIGATOR SIGNATURE Approved by Joseph Yindrick	DATE OF ACCIDENT 05/21/2016